



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

SUPPLEMENTAL

REPORT NO. E299955

INTERSTATE	<input type="checkbox"/>	CITY STREET	<input checked="" type="checkbox"/>	FIRE RESULTED	<input type="checkbox"/>
STATE ROUTE	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	STOLEN VEHICLE	<input type="checkbox"/>
COUNTY RD	<input type="checkbox"/>	PRIVATE WAY	<input type="checkbox"/>	HIT & RUN INVOLVED	<input type="checkbox"/>

TRIBAL RESERVATION

CASE #	14-00125
LOCAL AGENCY CODING	
TOTAL # OF UNITS	03
OBJECT STRUCK	TREE OR STUMP

DATE OF COLLISION	01 - 14 - 2014	TIME (2400)	0013	COUNTY #	31	MILES		N	<input type="checkbox"/>	E	<input type="checkbox"/>	IN	<input checked="" type="checkbox"/>	OF	0664
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ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

104TH DR SE	BLOCK NO.	<input checked="" type="checkbox"/>	2524
	MILE POST	<input type="checkbox"/>	

DISTANCE	200	00	MILES	<input type="checkbox"/>	N	<input type="checkbox"/>	E	<input checked="" type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	25TH PL SE
			FEET	<input checked="" type="checkbox"/>	S	<input type="checkbox"/>	W	<input type="checkbox"/>		

UNIT 01	MOTOR VEHICLE	<input checked="" type="checkbox"/>	PEDAL CYCLE	<input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4254964659
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LAST NAME	IGNACIO	FIRST NAME	MEGAN	MIDDLE INITIAL	A
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STREET NEW ADDRESS	2524 104TH DR SE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	IGNACMA160BJ	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	01	11	1984
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	AJC9924	STATE	WA	VIN#	3FAHP0HA6CR170482
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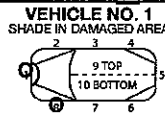
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2012	MAKE	FORD	MODEL	4D	STYLE		VEHICLE TOWED	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GRANITE FALLS TOWING	GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. MEGAN IGNACIO 2524 104TH DR SE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GMAC 2001983469
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VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE	
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UNIT 02	MOTOR VEHICLE	<input checked="" type="checkbox"/>	PEDAL CYCLE	<input type="checkbox"/>	PEDESTRIAN	<input type="checkbox"/>	PROPERTY OWNER	<input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	
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LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	
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CITY		ST		ZIP	
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.	MMDDYYYY			
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	9	RESTR	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES	
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LICENSE PLATE #	751ZLK	STATE	WA	VIN#	WAUL768E92A307782
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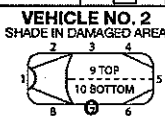
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2002	MAKE	AUDI	MODEL	A4	STYLE	4T	VEHICLE TOWED	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. ROSALIO VALERIO 2524 104TH DR SE LAKE STEVENS WA 98258 D: 4254964659

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATE FARM 188047785
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VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE	
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OFFICER'S NAME (PRINT)	M. HINGTGEN	BADGE OR ID #	126	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E299955**

CASE # **14-00125**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)											
NAME (LAST, FIRST, MIDDLE INITIAL)											
ADDRESS & PHONE #		SEX		D.O.B. MMDDYYYY							
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)											
ADDRESS & PHONE #		SEX		D.O.B. MMDDYYYY							
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)											
ADDRESS & PHONE #		SEX		D.O.B. MMDDYYYY							
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES		

NARRATIVE

Veh #1 was traveling north on 104th Dr SE. The driver of Veh #1 intentionally took a hard left turn and immediately entered the lawn area of 2524 104th Dr SE. The vehicle continued into the lawn at a high rate of speed and collided with a large tree and the deck of the home. When the vehicle collided with the tree, it caused the tree to break in half and the upper portion struck a parked vehicle, Veh #2, in the houses's driveway. The driver said words to the effect of, "I crashed into the house to prove I wasn't crazy." There was an airbag deployment on the drivers side of the vehicle.

**** AUTO-POPULATED SECTION ****

THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":

Motor Vehicle Unit 1

Roadway Surface: GRASS

**** END OF AUTO-POPULATED SECTION ****

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

M. HINGTGEN

01-14-14 07:45 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

BOB SUMMERS 079

1/15/2014 4:36:25 AM

BADGE OR ID #	126	ORI #	WA0311900	TIME POLICE DISPATCHED	12:13 AM	TIME POLICE ARRIVED	12:21 AM
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SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E299955**

CASE # **14-00125**

COMMERCIAL MOTOR CARRIER

UNIT # USDOT ICC # INTERSTATE ☐ INTRASTATE ☐ VEHICLE TYPE CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY ST ZIP

NAME SOURCE # AXLES GVWR PLACARD ☐ + NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT # **3** MOTOR VEHICLE ☐ PEDAL CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☒ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 8083396750**

LAST NAME **JENSEN** FIRST NAME **JANELL** MIDDLE INITIAL **D**

STREET NEW ADDRESS ☐ **1611 BARRON LANE #6**

CITY **HONOLULU** ST **HI** ZIP **96813**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX **F** D.O.B. **MMDDYYYY 12 - 03 - 1981**

ON DUTY ☐ STATUS AIRBAG ☐ RESTR. ☐ EJECT ☐ HELMET USE ☐ INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

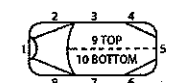
VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

SHADE IN DAMAGED AREA



UNIT # MOTOR VEHICLE ☐ PEDAL CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☐ PHONE

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS ☐

CITY ST ZIP

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX D.O.B.

ON DUTY ☐ STATUS AIRBAG ☐ RESTR. ☐ EJECT ☐ HELMET USE ☐ INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

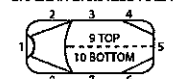
VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

M. HINGTGEN

INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET

01-14-14 07:45 PM

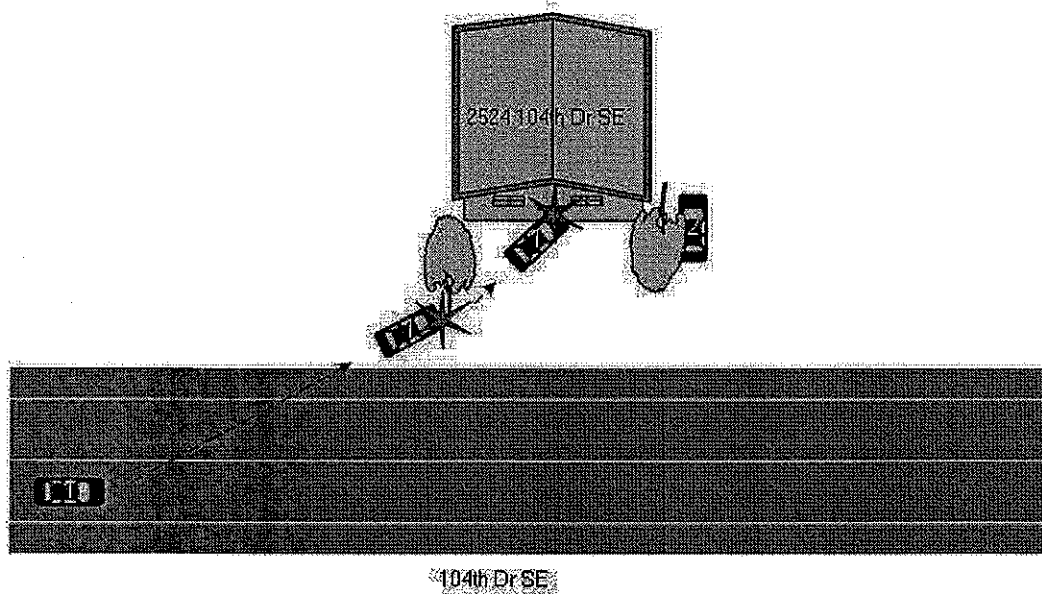
DATE:

PLACE SIGNED

BADGE OR ID # **126** ORI # **WA0311900** APPROVED BY **SUMMERS** DATE **7/15/2014** PAGE **3** OF **4**



Not to Scale



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-00125

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) <i>Rosario Valerio</i>	RACE <i>Hispanic</i>	ETH	SEX <i>M</i>	DOB <i>02-01-81</i>	AGE <i>32</i>	HGT <i>62</i>	WGT <i>230</i>	HAIR <i>Brown</i>	EYES <i>Brown</i>
STREET ADDRESS <i>2524 20th Ave SE</i>		CITY <i>Lake Stevens</i>		STATE <i>WA</i>		ZIP <i>98258</i>		RES. STATUS		
HOME PHONE		CELL PHONE			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

We had been back from the hospital about 45 minutes when she started having another panic or mental break down. I called her dad to help me with the kids and Megan. I took Megan down stair to get her for her dad. I then ran up stairs to put some clothes on when I noticed that she was leaving the house when I got to the door she was already down the road in her car. I ran back upstairs to get my keys to go after her. When I got to the Bedroom I saw lights coming. I looked out of the window and saw her drive into the house. I then ran down stairs to get her out.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <i>[Signature]</i>	DATE SIGNED <i>01/14/14</i>	LOCATION SIGNED <i>Lake Stevens</i>
OFFICER/NUMBER: <i>[Signature]</i>	DATE SIGNED <i>1/14/14</i>	LOCATION SIGNED <i>LAKE STEVENS</i>

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE EVIDENCE UNIT			Primary Officer/Badge Number D. PLANALP #102			Case Number 14-00125		
Type of Crime: <u>Felony / Misdemeanor</u> (Circle)			Type of Case: <u>VEHICOL / MENTAL EVAL</u>			Date/Time:		
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING			*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification					

Item # 1	Item CD WITH PICS				Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)							
	Serial #		Where Found		Weight of Narcotic			
Action # 3								
Owner's Name Address City State Zip Phone #							Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions								

Item #	Item				Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)							
	Serial #		Where Found		Weight of Narcotic			
Action #								
Owner's Name Address City State Zip Phone #							Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions								

Item #	Item				Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)							
	Serial #		Where Found		Weight of Narcotic			
Action #								
Owner's Name Address City State Zip Phone #							Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions								

Item #	Item				Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)							
	Serial #		Where Found		Weight of Narcotic			
Action #								
Owner's Name Address City State Zip Phone #							Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions								

Item #	Item				Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)							
	Serial #		Where Found		Weight of Narcotic			
Action #								
Owner's Name Address City State Zip Phone #							Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions								

Evidence Control Use Only:								
Received by Evidence:		NCIC/WACIC <input checked="" type="checkbox"/> Date:		CAD/RMS Checked		ROUTING:		
Name: _____ # _____		NCIC/WACIC + Date:		Owner Letter Sent:		White Property Room		
Date: _____ Time: _____		NCIC/WACIC - Date:		Owner Letter Sent:		Yellow Case File		

CHECK ALL THAT APPLY:

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

14-00125

TOW / IMPOUND
AND INVENTORY RECORD

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH ____ DAY HOLD

- ☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM

- ☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

- ☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

VEHICLE INFORMATION

VIN

3FAHPOHA6CR170482

LICENSE

AJC9924

STATE

WA

YEAR

2012

MAKE

FORD

MODEL

4D SED

MILEAGE

☐ Report of Sale

☐ Digital

STYLE

COLOR

DRIVER

NAME (LAST, FIRST, MI)

IGNACIO, MEGAN

STREET ADDRESS

2524 104th DR SE

CITY, STATE, ZIP CODE

LAKE STEVENS, WA 98258

PHONE

DOB

01/11/84

REGISTERED OWNER

NAME (LAST, FIRST, MI)

IGNACIO, MEGAN

STREET ADDRESS

2524 104th DR SE

CITY, STATE, ZIP CODE

LAKE STEVENS, WA 98258

PHONE

LEGAL OWNER

NAME (LAST, FIRST, MI)

SANTANDER CONSUMER USA

STREET ADDRESS

P.O. BOX 25120

CITY, STATE, ZIP CODE

LEHIGH VALLEY, PA 18002

PHONE

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 01/14/2014 AT 0113 PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE

ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE (24 HOUR) GRANITE FALLS TOWING 5244-002 DJ ODELL

TO REMOVE THIS VEHICLE FROM 2524 104th DR. S.E. (TOWING FIRM)

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE

DOL TOW TRUCK NO.

DATE

EQUIPMENT

DAMAGE

EVIDENCE (DRIVER'S SIDE)

EVIDENCE (PASSENGER'S SIDE)

☐ GLOVE BOX LOCKED

☒ KEYS [1]

☐ AUTO STEREO

☐ AUDIO TAPES / CD'S []

☐ CB RADIO

☐ RADAR DETECTOR

☐ TRUNK LOCKED

☐ SPARE TIRE

☐ JACK

☐ CHAINS

☐ OTHER

☒ FRONT

☒ R FRONT

☐ R SIDE

☐ R REAR

☒ L FRONT

☐ L SIDE

☐ L REAR

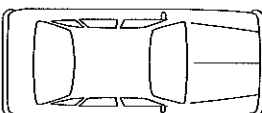
☐ REAR

☐ TOP

☐ UNDERCARRIAGE

☐ OTHER

SHADE DAMAGED AREA



N/A

N/A

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

COLLISION IMPOUND

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE X SGT J.A. JAMISON # 97 FOR OFC M. HINGSTEN # 126 LAKE STEVENS PD / GRANT COUNTY

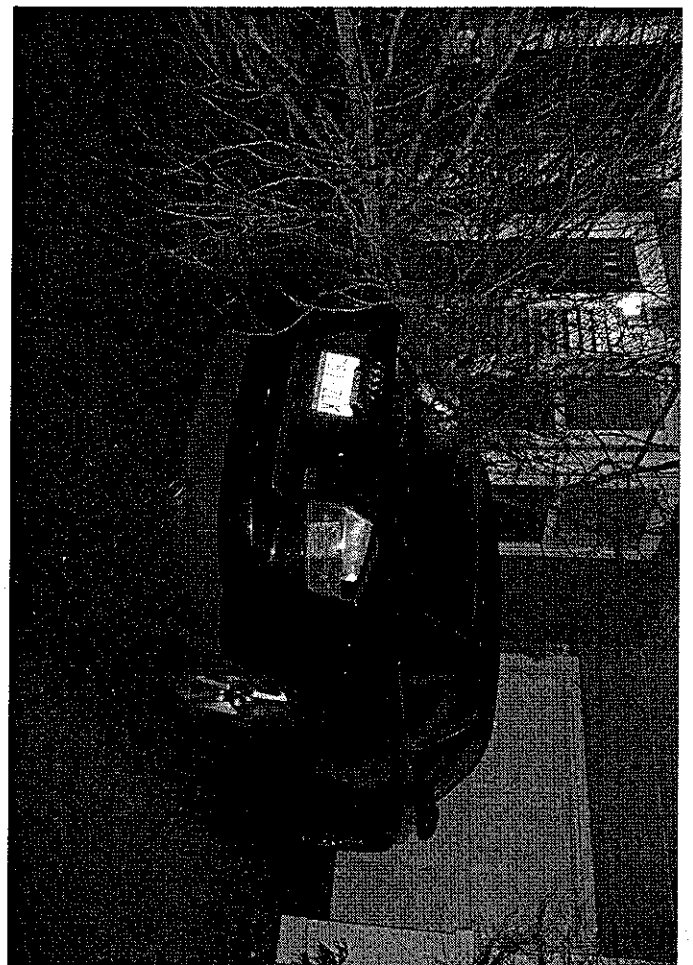
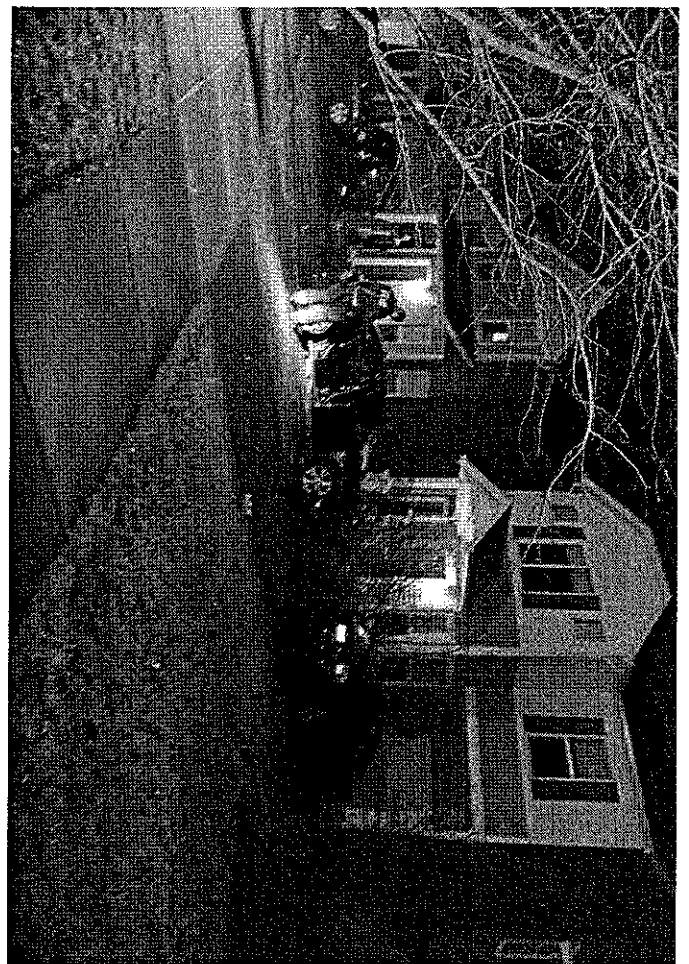
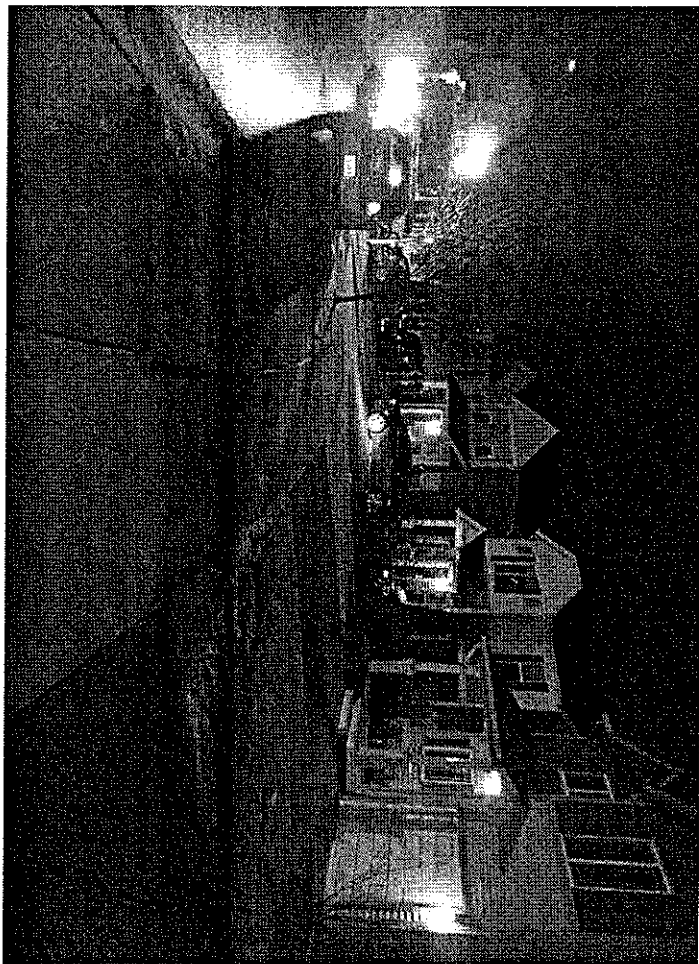
COUNTY, WA

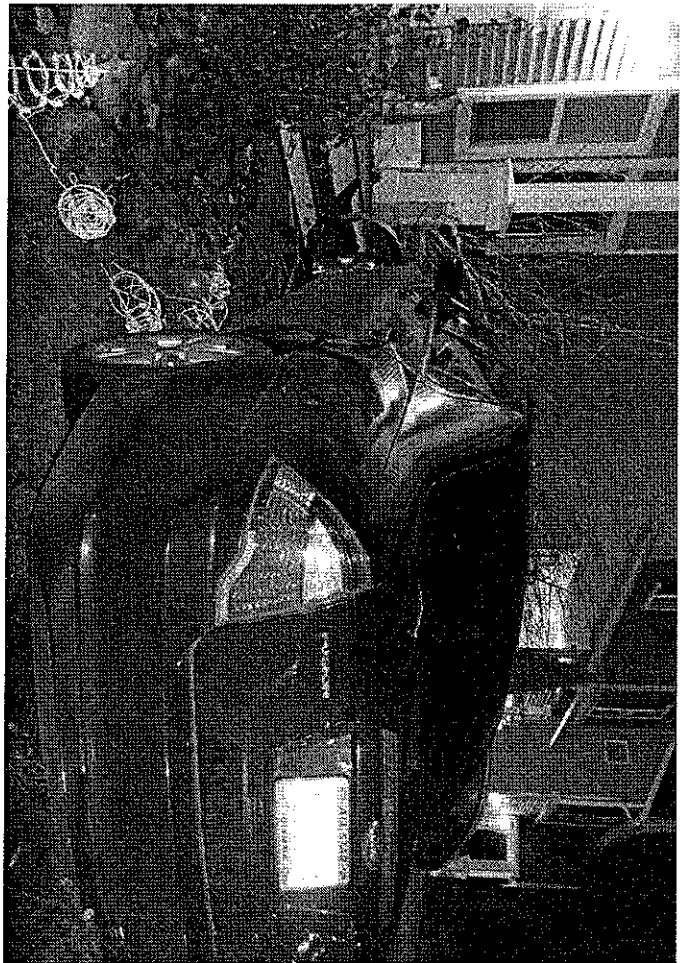
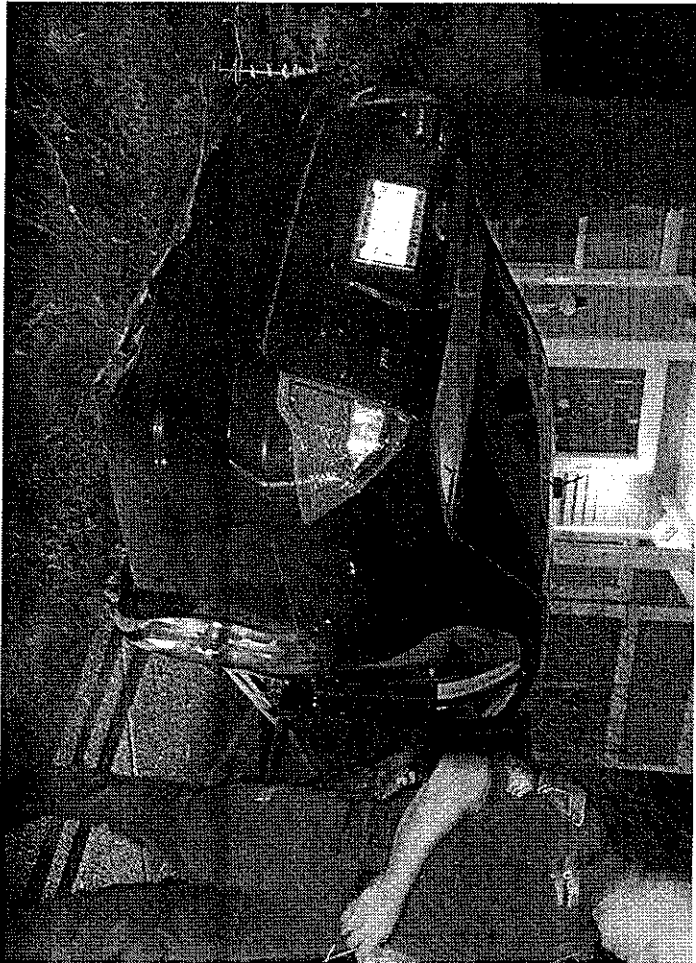
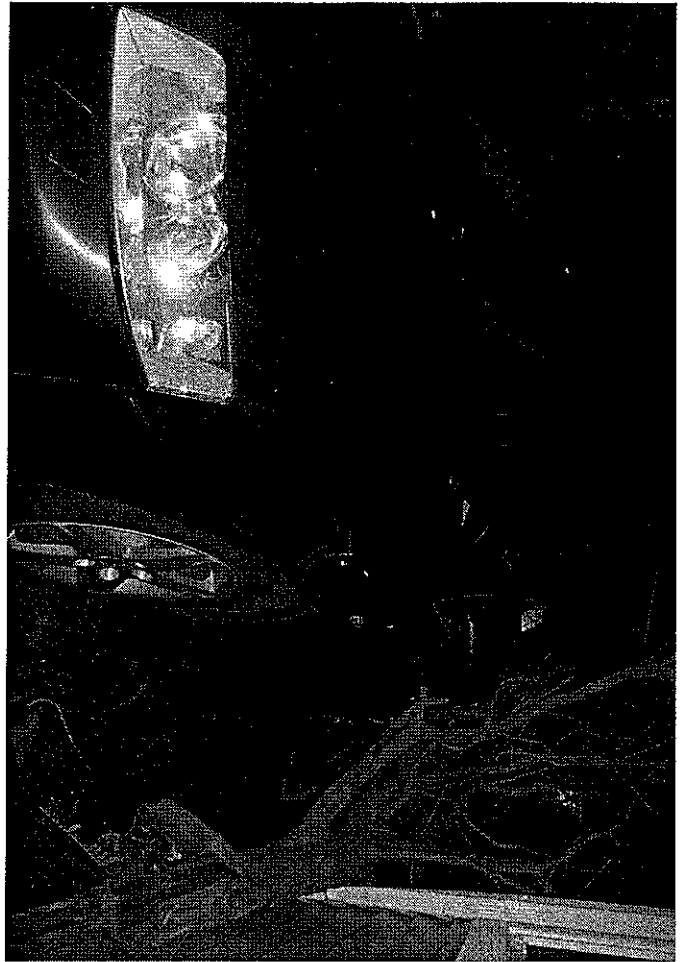
DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

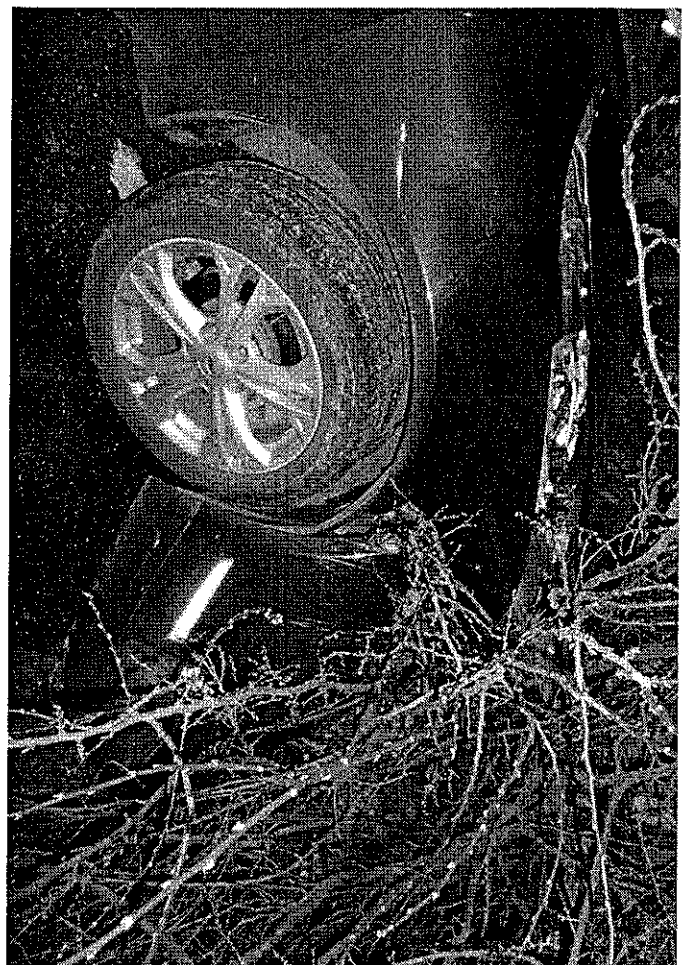
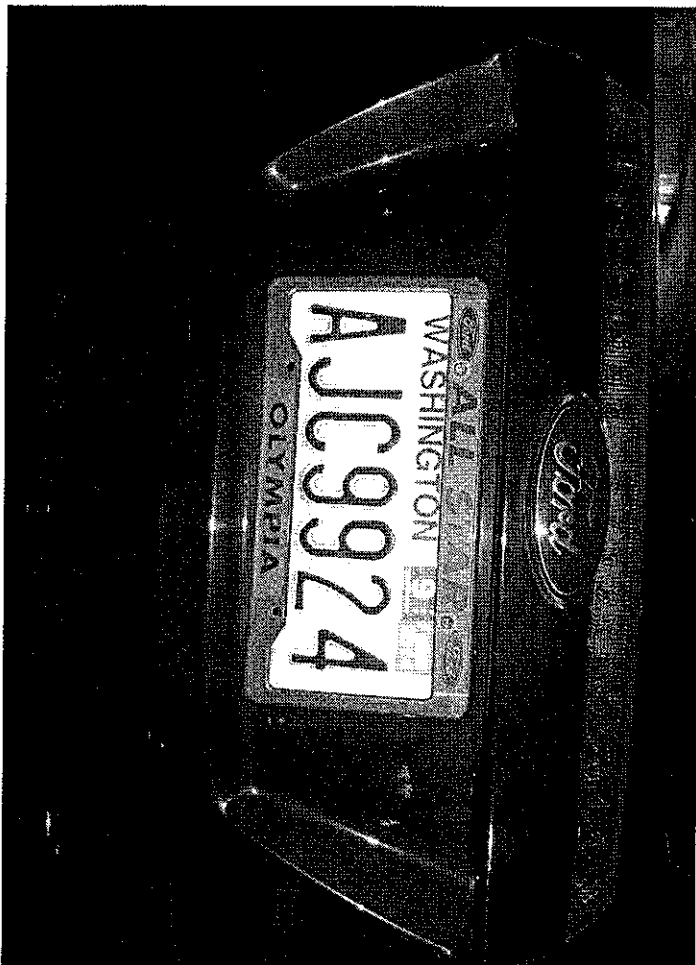
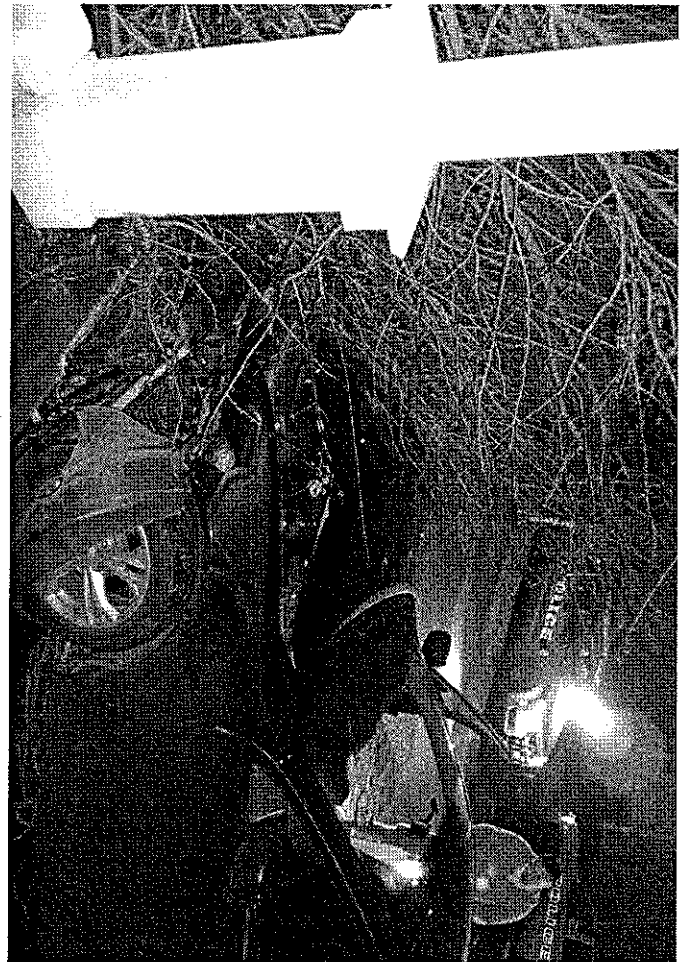
DRIVER'S SIGNATURE X

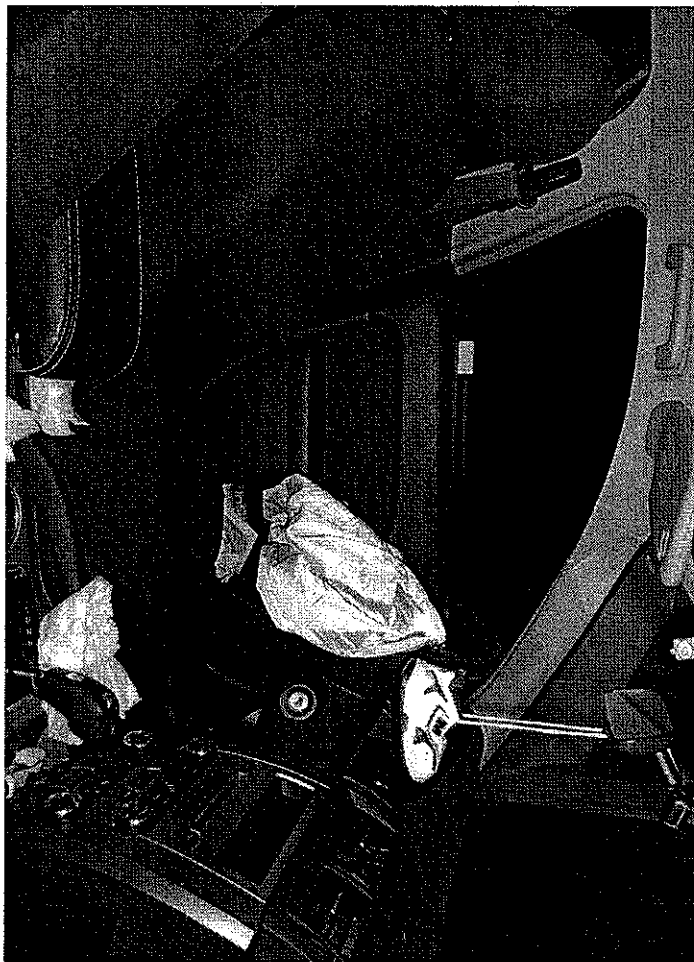
3000-110-076 (R 7/11)

SUPERVISOR









LSPD
ORIGINAL

Closed	01/14/14	02:04:10
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Loc: 2524 104 DR SE , LKS btwn 105 AV SE & 26 PL SE (V)

Phone: 3604907649

LSPD
ORIGINAL

LSPD
ORIGINAL